

**BOARD OF
COUNTY
COMMISSIONERS**



DRUG SCREENING LAB

ST. LUCIE COUNTY DRUG SCREENING LAB REFERRAL

Name of Organization

DATE: _____

TIME: _____ **AM/PM**

This letter is to inform you that you have been requested to take a drug screen. You are to report to the St. Lucie County Drug Screening Lab for a urinalysis.

Please bring this letter and a photo ID with you to the St. Lucie County Drug Screening Lab.

Failure to take this screen:

- ☐ within 24 hours of the requested date and time
- ☐ on the same day of the requested date and time

will be considered a positive drug screen. Please bring any prescriptions or bottles of medication you are currently taking with you.

Report to:

DRUG SCREENING LAB OF SLC
(Inside Ft Pierce Courthouse)
218 South 2nd St
Ft Pierce, FL 34950

DRUG SCREENING LAB OF SLC
406 NW 3rd Ave (Next to Okeechobee Courthouse)
Okeechobee, FL 34972

Client/Participant: _____

DOB: ____/____/____

SSN: ____-____-____

The above named organization is referring the above named participant to the St. Lucie County Drug Screening Lab so that a drug screen can be administered. It is understood that the screen results will be shared with the referring organization's agent.

It has been explained to the client that the drug screen will be:

- ☐ Observed
- ☐ Unobserved

Drug Screen to be performed:

- ☐ Workplace Panel (Cocaine, THC, Barbiturates, Benzodiazepine, Opiates, Oxycodone, Amphetamine, Methadone- PLUS CONTROLS).
- ☐ Standard Panel (Cocaine, THC, Barbiturates, Benzodiazepine, Opiates, Oxycodone, Amphetamine, Alcohol, Methadone- PLUS CONTROLS).

Positive screens may be further analyzed by an independent lab.